

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017575

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District **318** Primary Registration District **1003** Registrar's No. **4382**  
**FILED MAY 2 1963**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <i>2/29</i>				
3				
4 <i>3</i>				
5 <i>1</i>				
6				
7 <i>1</i>				
8 <i>2</i>				
9				
10				
11				
12 <i>71-0</i>				
13				
<i>71</i>	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saint Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Saint Louis</b>		c. CITY OR TOWN <b>Saint Louis</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Peoples Hospital</b>		d. STREET ADDRESS <b>4715 Kensington</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Johnnie Mae Dunn</b>		4. DATE OF DEATH Month <b>4</b> Day <b>17</b> Year <b>63</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/25/1921</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nurse attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Patisia, Miss.</b>
13a. FATHER'S NAME <b>John McGee</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Leabon R. Dunn</b>	
16. SOCIAL SECURITY NO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Intestinal Obstruction</b>		DUE TO (c) <b>570-5</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>4-10-63</b> to <b>4-17-63</b> and last saw <sup>her</sup> alive on <b>4-17-63</b> Death occurred at <b>4-17-63 5:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M. Whitlock, M.D.</i>		22b. ADDRESS <b>2715 N. Union, St. Louis</b>	
(Degree or title)		22c. DATE SIGNED <b>4-19-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>4/22/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Metropolitan Funeral System, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 20 1963</b>	
ADDRESS <b>5010 Enright</b>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.